

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
MEDICAL USES

Instructions: Complete this application in accordance with the guide provided by the Texas Department of State Health Services. Use supplemental sheets where necessary. Submit the completed application and applicable fee to Texas Department of State Health Services, Radiation Safety Licensing Branch, MC-2003, P.O. Box 149347, Austin, Texas, 78714-9347. Retain a copy for your files. Upon completion of processing, the applicant will receive a Texas Radioactive Material License, issued in accordance with the provisions of Title 25 Texas Administrative Code Chapter 289 (25 TAC §289) and the Texas Radiation Control Act.

1. Legal Business Name and Business Mailing Address of Applicant (<i>Texas Address Only</i>): _____ _____ _____ _____ _____	2. Location(s) at which radioactive material will be stored and/or used (<i>Street Address</i>): _____ _____ _____ _____ _____		
3. This application is for: <input type="checkbox"/> New License (Attach applicable fee and Business Information Form - RC Form 252-1) If a new license, have you held a previous license with Texas? If yes, list license number(s)/name(s): _____ <input type="checkbox"/> Renewal of current license # L0 _____	4. Location where records will be kept (<i>Street Address</i>): _____ _____ _____ _____ _____		
5. Physician Users: _____ _____ _____ (Continue on a supplemental sheet if necessary)	6. Radiation Safety Officer: Name: _____ Office Telephone No.: _____ FAX Telephone No.: _____ Emergency Telephone No.: _____ E-mail: _____		
7. Radioactive Material Data			
(a) Element and Mass number (Check groups desired)	(b) Chemical or Physical form (Make and Model number if sealed source)	(c) Maximum number of millicuries to be possessed	(d) Use of each form
<input type="checkbox"/> Any RAM used IAW §289.256(ff)	Radiopharmaceuticals	As needed	Uptake, dilution, and excretion studies
<input type="checkbox"/> Any RAM used IAW §289.256(hh)	Radiopharmaceuticals	As needed	Imaging and/or tumor localization studies
<input type="checkbox"/> Any RAM used IAW §289.256(hh)	Generators with kit Preparations	Total generator activities not exceed two curies unless	Preparation of Radiopharmaceuticals
<input type="checkbox"/> Any RAM used IAW §289.256(hh)	Bulk technetium with kit preparations	As needed	Preparation of Radiopharmaceuticals
<input type="checkbox"/> I-131 §289.256(kk)	Sodium Iodide	_____ mCi	Therapy for hyperthyroidism and/or thyroid cancer

7. (continued)

Additional Items Desired

(Example: Xenon, PET, transmission sources, therapy sources or radiopharmaceuticals)

(Continue on a supplemental sheet if necessary)

(a) Element and Mass number (Check groups desired)	(b) Chemical or Physical form (Make and Model number if sealed source)	(c) Maximum number of millicuries to be possessed	(d) Use of each form

8. Are the physicians licensed to practice medicine in the State of Texas? ☐ YES ☐ NO

Submit information for Items 9 through 13 on additional sheets.

9. **Training of Authorized Physicians, Radiation Safety Officer, Technologists, and Others:** Describe the minimum training to assure that radioactive material will be used safely. See [Regulatory Guide 3.1](#) or [3.1a](#) for additional explanation.
10. **Facilities:** Describe facilities to include full page drawings of receipt, preparation, use, and storage areas.
11. **Operating, Radiation Safety and Emergency Procedures Manual:** Provide specific radiation safety procedures that address all items listed in the applicable regulatory guide.
12. **Radiation Detection Instrumentation:** List the make & model number of all survey, measuring, monitoring, and imaging instruments.
13. **Waste Disposal** --- Describe the method for disposal of radioactive material listed in Item 7. If a commercial waste disposal firm is to be used, specify the name of the company. If no radioactive waste is to be routinely generated, state the method of disposal when radioactive material will no longer be needed. Include a cost estimate and the proposed funding source.
14. **Financial Qualification and Financial Assurance:** Determine if financial assurance must be provided [25 TAC §289.252(gg)].
- **If financial assurance is required**, either submit a decommissioning funding plan cost estimate; or the amount prescribed by rule [25 TAC §289.252(gg)(4)].
Note: Upon further review of the application, the Agency will provide procedural guidance on the requirement for financial assurance.
 - **If financial assurance is not required**, submission of [RC Form 252-1](#) is sufficient.

15. CERTIFICATION

I certify that all information submitted is true and correct to the best of my knowledge.

Signature of Applicant or Representative

Title/Position

Typed or Printed Name

Date

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us/policy/privacy.shtm> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).